

22222		a Employee's social security number 123-45-6789		OMB No. 1545-0008			
b Employer identification number (EIN) 46-1234567			1 Wages, tips, other compensation 55,000.00		2 Federal income tax withheld 4000.00		
c Employer's name, address, and ZIP code BESTTEST HOSPITAL EVER, INC. 123 PAYNE LANE POSTCALL, NY 11111			3 Social security wages 60,000.00		4 Social security tax withheld 3720.00		
			5 Medicare wages and tips 60,000.00		6 Medicare tax withheld 870.00		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. John Doe DOCTORED B.MONEY 80 WORKHOURS WAY SLEEPLESS HOLLOW, NY 11222			11 Nonqualified plans		12a C 5050.00		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b E 5000.00		
			14 Other NY SDI 31.20		12c DD 9800.57		
					12d AA 5010.39		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NY		60,000.00	1500.00	60,000.00	500.00	NYC	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2020

Department of the Treasury—Internal Revenue Service